CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink

Candidate

Election Year: .

A Public Document

Trease type or print in link.		<u> </u>	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Walters	Delmonte		
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1. Office, Agency, or Co	urt	4. Schedule Summa	ry
Name of Office, Agency, or Court:		► Total number of pages including this cover page:	
Natural Resources Agency			
Division, Board, District, if applica	able:	► Check applicable schedu	ales or "No reportable
Dept. of Forestry and Fire Protection		interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules:	
Director		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)			
Agency:		Schedule A-2 Yes – Investments (10% or greater Ow	
Position:	· ·	Schedule B	schedule attached
2. Jurisdiction of Office (Check at least one box)		Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
State County of		Schedule D Yes – schedule attached	
☐ City of	· ·	Cabadula E 🗆 Vaa	and and the stand
Multi-County		Schedule E	
•	·		
Other	<u> </u>	-OI	
3. Type of Statement (C	theck at least one hov)	No reportable interests	on any schedule
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Assuming Office/Initial	Date:/	5. Verification	
Annual: The period covered		1 .	e diligence in preparing this
through December 31, 2008.			this statement and to the best
-or-	,	of my knowledge the informa	tion contained herein and in any
O The period covered is December 31, 2008.	, through	attached schedules is true a	ina complete.
Leaving Office Date Left://		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is Jan	nuary 1, 2008, through the		
date of leaving office.		Date Signed Fe	ebruary 24, 2009
-or-			(month, day, year)
O The period covered is the date of leaving office.		Signature (File the originally st	gned statement with your filing official.)